PART B - FÉÉ(S) TRANSMITTAL

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APPLICATION NO.		FILING DATE FIRS		T NAMED IN	NAMED INVENTOR		ATTORNEY DOCKET NO.				CONFIRMATION NO.		
09/828,927		04/10/2001 Fr		Fran	ncis Luc Mathilda ARTS			Q63668			•	6654	
TITLE OF INVENTION: CONNECTION CONTROL MODULE													
APPLN. TYPE		SMALL ISSU ENTITY		E FEE	PUBLICAT FEE	ION PRE	PREV. PAID ISSUE FEE		TOTAL FEE(S		rad _{>}	E DUE	
nonprovisional	Ŋ	NO \$1440.00		40.00	\$300.00		\$0.00		\$1,740.00		08/0	01/2008	
EXAMINER				ART UNIT		CLASS-SUBCLASS							
Chuong T. HO					2619					-			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363 2. For printing on the patent front page list 1 Sughrue Mion, PLLC										PLLC			
\Box Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.						attorneys or agents OR, alternatively, 2							
☑ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) ATTACHED. Use of a Customer Number is required.						names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
3. ASSIGNEE NAME													
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.													
(A) NAME OF ASSIG	NEE	(B) RESI	DENCE: (C	ITY and STA	TE OR COUN	TRY)							•
ALCATEL													
Please check the appro	priate ass	ignee categ	ory or categ	ories (will no	ot be printed on t	the patent): [] Indiv	vidual f	☑ Corporati	on or other pr	ivate g	roup entity 🗆	Government
						b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)							
☑ Issue Fee					☐ A check	☐ A check is enclosed.							
☑ Publication Fee (No small entity discount permitted)					☐ Paymen	☐ Payment by credit card. Form 1310-2038 is attached.							
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☑ The					☑ The US	☑ The USPTO is directed and authorized to charge all required fees to Deposit Account No. 19-4880. Please also credit any overpayments to said Deposit Account.							
5. Change in Entity Sta	atus (from	status ind	icated above)				-				1	
□ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).													
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Authorized Signature			1)	101		Date			7/30/2038 1 FC:1501	July 2	1 09000 9, 2008 1.00 D		09828927
Typed or Printed Nam	e	,	David J. Cu	shing		Registratio	on No.		2 FC:1504		3.03 D		

PART B - FEE(S) TRANSMITTAL

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09/828,927 04		04/10/2001	Fran	ncis Luc Mathild	a ARTS	Q636	668	6654				
TITLE OF INVENTIO	N: CONNEC	TION CONTROL	MODULE									
APPLN. TYPE		SMALL ISSUE FEE ENTITY		PUBLICATION FEE	ON PREV	PAID ISSUE FEE	TOTAL FEE(DUE	(S) (DATE DUE				
nonprovisional	NO	\$14	40.00	\$300.00		\$0.00	\$1,740.00	08/01/2008				
EXAMINER				ART UNI	r CLA	SS-SUBCLASS						
	Chuong T. HO											
1. Change of correspon	dence address	or indication of "F	ee Address"	(37 CFR 1.363	2. For printing	g on the patent front p	page list 1	Sughrue Mion, PLLC				
☐ Change of correspon PTO/SB/122) attached	ndence addres											
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47 03-02 or more recent) ATTACHED. Use of a Customer Number is required					names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)												
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(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)												
ALCATEL	Pa	ris, France										
Please check the annu	nriate assigne	ee category or cate	ories (will no	ot be printed on t	he patent): 🗆 I	ndividual ☑ Corpora	tion or other priva	te group entity Government				
4a. The following fee(4b. Paymer	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)							
☑ Issue Fee					☐ A check is enclosed.							
☑ Publication Fee (No	small entity	discount permitted)	☐ Paymen	☐ Payment by credit card. Form 1310-2038 is attached.							
Advance Order - # of Copies					☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-4880 (enclose an extra copy of this form).							
			☑ The USPTO is directed and authorized to charge all required fees to Deposit Account No 19-4880. Please also credit any overpayments to said Deposit Account.									
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The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.												
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Authorized Signature			101		Date		July 29,	2008				
Typed or Printed Nam	ne	David J. Co	ushing		Registration	No.	28,703					